

**Message to Blue Cross Blue Shield Clients Only**

**IMPORTANT NOTICE!!! CLARIFICATION UPDATE OF THE NEW STANDARD OPTION BENEFITS FOR SURGERY**

**FAILURE TO READ THIS NOTICE AND TAKE ANY NECESSARY ACTION BEFORE END OF OPEN SEASON COULD RESULT IN SIGNIFICANT FINANCIAL BURDEN!! OPEN SEASON CLOSURES MONDAY, DECEMBER, 8, 2008.**

The information below is being provided due to an omission in the 2009 printed Blue Cross Blue Shield Service Benefit Plan brochure. The changes below have already been updated on the BCBS Web site at [FEPBlue.org](http://FEPBlue.org).

We've changed how Standard Option benefits will be provided for surgery performed by Non-participating physicians in 2009. If your surgery is not related to an accidental injury or a medical emergency, you will pay the amount billed by the Non-participating surgeon, up to a maximum of \$7,500. With this change for 2009, you will know in advance what your cost will be for Non-participating surgical services. If your surgery is related to an accidental injury or medical emergency, this change will not affect you. We will continue to provide benefits for surgery by a Non-participating surgeon that is related to an accidental injury or medical emergency based on our Plan allowance. You may view the updated information about surgical benefits by referring to page 35 (for Maternity Care Benefits) and Section 5(b) (for Surgery Benefits) of the [2009 Service Benefit Brochure \(RI 71-005\)](#).

Our extensive network of Preferred physicians allows you to receive maximum benefits for your surgical care when you need it. Preferred physicians have agreements with your Local Blue Cross and Blue Shield Plan to accept our allowance as payment in full for their services. This means that when you use a Preferred physician, your cost for surgery in 2009 is limited to 15% of our allowance for your covered care (subject to your calendar year deductible).

If you choose to a Non-participating physician for your surgical care in 2009, you pay 100% of the amount billed up to a maximum of \$7,500 per surgery. We pay any difference between the amount billed and your \$7,500 copayment amount. If, however, you receive surgery from a Non-participating physician due to an accidental injury, your costs will be limited to the difference between the physician's bill and our allowance, up to a maximum of \$5,000.

If you receive surgery from a Non-participating physician due to medical emergency, you pay 30% of our allowance (subject to your calendar year deductible), plus any difference between the physician's bill and our allowance. The amount you pay to cover the difference between the doctor's bill and our allowance will be limited to a maximum of \$5,000.

Benefits for surgical care are described in Section 5(b) of the [2009 Service Benefit Plan Brochure](#) [PDF 792 KB]. Refer to page 35 of the brochure for information about maternity care benefits.

**How does the 2009 benefit differ from 2008?**

**For surgery by a Non-participating physician that is related to and performed within 72 hours of an accidental injury:**

The new \$7,500 copayment amount does not apply to surgery by a Non-participating physician that is related to and performed within 72 hours of an accidental injury. As in 2008, members are only responsible for the difference between our allowance and the amount billed by the Non-participating surgeon, up to a maximum of \$5,000 per episode of care. (See page 124 of your Service Benefit Plan Brochure for more information about this special benefit provision)

**For surgery by a Non-participating physician that is related to a medical emergency:**

The new \$7,500 copayment amount does not apply to surgery by a Non-participating physician that is related to a medical emergency. As in 2008, members pay a percentage (called "coinsurance") of our allowance for the surgery, any applicable deductible amount, and the difference between our allowance and the amount billed by the Non-participating physician. The member's total responsibility for the difference between our allowance and billed charge is limited to \$5,000 per episode of care. (See page 124 of your Service Benefit Plan Brochure for more information about this special benefit provision)

**For all other surgeries by Non-participating physicians:**

Instead of paying a percentage (coinsurance) of our allowance, any applicable deductible amount, and the difference between our allowance and the amount billed, your cost for all other surgeries performed by Non-participating physicians will be the amount billed up to a maximum of \$7,500 per surgery (no deductible applies). We will cover the remaining amount, so you will not be responsible for any additional costs once your copayment has been paid. This benefit is designed to protect our members from unpredictable billings from Non-participating providers.

**What is an Accidental Injury?**

**An accidental injury is an injury caused by an external force or element such as a blow or fall and which requires immediate medical attention, including animal bites and poisonings.**

**What is a Medical Emergency?**

**A medical emergency is the sudden and unexpected onset of a condition or an injury that you believe endangers your life or could result in serious injury or disability, and requires immediate medical or surgical care. Some problems are emergencies because, if not treated promptly, they might become more serious; examples include deep cuts and broken bones. Others are emergencies because they are potentially life threatening, such as heart attacks, strokes, poisonings, gunshot wounds, or sudden inability to breathe. There are many other acute conditions that we may determine are medical emergencies - what they all have in common is the need for quick action.**

You can find a preferred provider by using our [national provider directory](#).